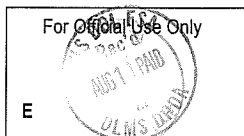


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5789</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Brenda</u> <u>A</u> <u>Coffey</u> P.O. Box, Bldg., Room No., if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Int'l Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Brenda A. Coffey</u>	On <u>8-5-05</u> Date	<u>202 466-1504</u> Telephone Number

Name of Person Filing: Brenda Coffey	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

Comped room, meals and show tickets during a site visit for selection of venue for UFCW 2008 International Convention. Receipts were not obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Brenda Coffey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Paris Las Vegas

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3655 Las Vegas Blvd South

City Las Vegas

State Nevada

ZIP Code + 4 89119-1006

14.a. Nature of payment.

Comped show ticket during a site visit for selection of venue for UFCW 2008 International Convention. Receipt was not obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Walt Disney Park and Resorts

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Post Office Box 10000

Street

City Lake Buena Vista

State Florida

ZIP Code + 4 32830-1000

14.a. Nature of payment.

Comped meals, park hopper ticket and gift novelty watch, during site visit for selection of venue for UFCW 2008 International Convention. Receipts were not obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$335

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Greater Montreal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1555 Peel Street, Suite 600

City Montreal, Quebec - Can

State California

ZIP Code + 4

14.a. Nature of payment.

Comped Meals & show tickets relating to site visit for selection of venue for UFCW 2008 International Convention. Receipts were not obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$600

Name of Person Filing Brenda Coffey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name LeCentre Sheraton Hotel

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1201 Boul Rene-Levesque Quest

City Montreal, Quebec - Can

State Other

ZIP Code + 4

14.a. Nature of payment.

Comped meal during a site visit for selection of venue for UFCW 2008 International Convention. Receipt was not obtained and value is estimated.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Metro Toronto Convention Centre

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 255 Front Street. N.W

City Toronto, Ontario

State Other

ZIP Code + 4

14.a. Nature of payment.

Comped meals during a site visit for selection of venue for UFCW 2008 International Convention. Receipts were not obtained and value is estimated.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Sheraton Centre Toronto

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 123 Queens Quay West

City Toronto, Ontario

State Other

ZIP Code + 4

14.a. Nature of payment.

Comped room shared with another staff member during a site visit. Receipt was not obtained and value is estimated.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$500

Name of Person Filing Brenda Coffey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Toronto Convention & Visitors Bureau

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Post Office Box 126

Street 207 Queen Quay West

City Toronto, Ontario-Can

State Other

ZIP Code + 4

14.a. Nature of payment.

Novelty gift watch in conjunction with site visit for selection on venue for URCW 2008 International Convention. Receipt was not obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Orlando Convention & Visitors Bureau, Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6700 Forum Drive, Suite 100

City Orlando

State Florida

ZIP Code + 4

32821-8017

14.a. Nature of payment.

Comped meal during site visit. No receipt obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lansdowne Resort

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 44050 Woodridge Parkway

City Lansdowne

State Virginia

ZIP Code + 4

20176

14.a. Nature of payment.

Comped meal during site visit. No receipt obtained, value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30

Name of Person Filing **Brenda Coffey**File Number **U-****Part C Continuation Page****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Las Vegas Convention & Visitors Bureau**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1050 Connecticut Ave, N.W. Suite 20**City **Washington D.C.**State **District of Columbia** ZIP Code + 4 **20036**

14.a. Nature of payment.

Comped meal to discuss upcoming site visit schedule. No receipt was obtained, value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Riviera Resort**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1600 North Indian Canyon Drive**City **Palm Springs**State **California** ZIP Code + 4 **92262**

14.a. Nature of payment.

Gift basket while on site for a meeting. No receipt was obtained, value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State **Other** ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.